



AUGUST 31, 2018

VIA ELECTRONIC FILING

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

RE: WC DOCKET NO. 18-213, PROMOTING TELEHEALTH FOR LOW-INCOME CONSUMERS

Survivor Healthcare supports the Federal Communications Commission's priority to increase digital opportunities for all Americans by improving access to advanced telecommunications and information services for rural populations. In particular, we support the Commission's proposal to establish a new pilot program designed particularly towards low-income rural residents in need of telemedicine solutions that address the uniqueness of the geographic challenges as well as the health care needs associated with particular diseases such as cancer, diabetes, and other complex chronic medical concerns. This program, if structured appropriately, could help insure that patients receive quality health care outside of brick-and-mortar health care facilities that reflects the current trend of personal wellness and health care in the United States.

Survivor Healthcare LLC is located in Salt Lake City, Utah which is also the home to several nationally recognized cancer treatment centers. Survivor Healthcare receives referrals for patients who are being treated within these cancer treatment centers. To receive cancer care at these world class treatment centers, patients travel to Salt Lake City from rural and frontier communities within the intermountain west, including Idaho, Nevada, Montana, Utah, and Wyoming. Following their cancer treatments at these facilities, the patients return home but still require continuous care of the kind that Survivor Healthcare offers. We are the transition healthcare provider for these patients, many who live in rural areas of Rocky Mountain region.

To improve care coordination for patients living in rural and frontier communities, Survivor Healthcare has recently been funded through a US Department of Health and Human Services Cooperative Agreement to expand complex chronic care services within rural and frontier health systems. As an innovative health care clinic seeking to provide a range of health care services to our cancer survivor patients, wherever they are, utilizing telecommunications and information services, we seek to allow our patients living in rural and remote areas with high quality attention and monitoring via technology.

Cancer is a chronic disease wrought with fear, anxiety and a highly complex healthcare management trajectory. During cancer treatment and upon treatment completion, patients transition between many health care specialists. After the acute treatment phase, patients are discharged from oncology care and transition back to primary care. Transitions between specialists and primary care providers can exacerbate symptoms resulting from the acute treatment phase, delay recovery, and increase health care costs. Through the development and management of complex survivor care plans, Survivor Healthcare works with clinical teams to deliver to cancer patients and cancer survivors evidence-based health care services.

Supporting this expansion into rural and frontier communities are a continuum of care options available through remote telehealth options. Whether it's through remote patient monitoring technologies or mobile health applications that can be accessed on smartphones, tablets, or other connected devices, patients can have improved health outcomes and significant cost savings regardless of where they're physically located.

The Pilot Program should focus on telehealth solutions that correspond with the trend in healthcare where healthcare services are increasingly moving “out of” facilities and “towards” the patient wherever the patient may be: home, work, or just out and about. The Pilot Program should focus on innovative patient care models that address a range of major health care issues such as cancer survivor strategies and transition care approaches.

We do not intend to comment on all the questions raised by the Notice of Inquiry issued by the Commission. But would do offer the following comments on some specific issues.

**Eligibility.** Eligibility for the pilot program should be broadened compared to the current rural healthcare programs in the following respects:

First, eligibility under the pilot program should focus on the patients or residents being served as opposed to the location or address of the provider. Any health care provider, hospital, clinic, physician group, transition care practice etc. that is providing service to low-income rural residents where the patient lives, works, and goes about their daily life should be allowed to qualify, regardless of the physical location of the healthcare provider. The universal service principals under which the Commission is directed to establish universal service support mechanisms include “access to advanced telecommunications services for schools, health care, and libraries.”<sup>1</sup> In addition, the statute specifically defines “health care providers” as “health care providers *for* rural areas,” (emphasis added) to receive universal service support for “advanced telecommunications and information services.”<sup>2</sup> The statute focuses on “the provision of health care service “in a State”<sup>3</sup> as opposed to the address or location of the health care provider.

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<sup>1</sup> 47 U.S.C. Section 254(b)(6).

<sup>2</sup> 47 U.S.C. Section 254(h)(2)(A).

<sup>3</sup> 47 U.S.C. Section 254(h)(1)(A).

Therefore, we believe there is sufficient statutory support for the Commission to establish support mechanisms for the provision of telecommunications and information health care services, including advanced telecommunications and information services,” regardless of the physical location of the provider as long as the service itself is provided to residents in rural areas.

Second, the statute limits eligibility for the rural health care program established under Section 254(h) to “any public or nonprofit health care provider” specifically defined as: “(i) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (ii) community health centers or health centers providing health care to migrants; (iii) local health departments or agencies; (iv) community mental health centers; (v) not-for-profit hospitals; (vi) rural health clinics; and (vii) consortia of health care providers consisting of one or more entities described in clauses (i) through (vi).”<sup>4</sup> We encourage the Commission to place an emphasis on the innovativeness and creativity of the service plan being implemented by the healthcare provider serving rural patients and residents for the proposed pilot program. Thus, the Commission should consider a broad range of health care providers as eligible while staying within the statutory requirements of the Section 254(h)(5)(B). We believe that the Commission can accomplish this by allowing health care providers that may not currently qualify for rural health care support under the existing programs to be eligible for the pilot program by associating their provision of their services to rural residents with any of the above mentioned eligible entities. The “association” can take a number of forms but the Commission should accept a wide range of contractual arrangements so long as one of the entities specifically identified under Section 254(h)(5)(B) are engaged with the specific project seeking support under the pilot program.

Third, we believe that the Commission should establish a telemedicine reimbursement mechanism for health care providers that provide telemedicine services via smart phones to lifeline eligible rural patients and residents. By definition, rural residents who can qualify for lifeline are low-income. The pilot program should explore new forms of support mechanisms that would reimburse the cost of providing telecommunications and information services to rural residents using mobile smart phones or any other communications devices utilized by consumers.

Finally, we believe that the pilot program should be utilized to explore ways to expand rural health care program eligibility for wireless and mobile solutions. We know that the inclusion of wireless and mobile telemedicine solutions have been debated for some time. There is no statutory limitation regarding wireless and mobile services and the Commission should find ways to embrace the mobile revolution and use the opportunity provided by establishing a pilot program that would allow wireless and mobile services to qualify.

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<sup>4</sup> 47 U.S.C. Section 254(h)(5)(B).

**Services and Equipment to be Supported.** The pilot program should prioritize mobile and wireless based solutions that are currently not clearly eligible in the existing rural healthcare programs. Efficiency should be encouraged and applicants should be encouraged to find innovative uses of existing technology, including creating new or modified software and app solutions that will utilize mobile devices and broadband services.

There are other federal telemedicine programs that support equipment and the FCC rural healthcare program should not duplicate those other programs. The Commission should use the opportunity in this pilot program to explore new ways to support wireless and mobile telemedicine solutions. Innovative services utilizing off-the-shelf smart phones through apps or other software approaches should be supported. In other words, the Commission should turn the focus of this pilot program away from infrastructure-related projects and towards innovative approaches using communications and computing technologies that are generally available.

In addition, the pilot program should explore ways in which to increase mobile wireless bandwidth needed to support telemedicine solutions in a mobile environment.

**Duration of Pilot Program.** Eligible projects should be provided with a minimum of 3 years of operation. It is important to allow for a long enough duration so that each project can collect sufficient data to report plausibly on patient outcomes related to the particular approach taken in a given pilot project supported under this particular program. Each project supported in the Pilot Program should be required to collect data and provide an analysis of the patient and treatment outcomes.

Respectfully Submitted,



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